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| Under the Pecerwork Reduction Act of                                                                                                                                                                                                                                                                                           | _ 1995. no person:                             | U.<br>\$ are required to respond to e                                                                                                                                                           | S. Patont and  | PTC/S8/21 (09-04) Approved for use through 07/31/2008, OMB 0651-0031 Tredemark Office, U.S. DEPARTMENT OF COMMERCE Information unless it discloses a valid QMB control number.                                                                       |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                                                                                                                                                                                                                                                                                                                |                                                | Application Number                                                                                                                                                                              | 10/035.        |                                                                                                                                                                                                                                                      |  |  |  |
| TRANSMITTAL                                                                                                                                                                                                                                                                                                                    |                                                | Filing Date                                                                                                                                                                                     | 10/25/2        |                                                                                                                                                                                                                                                      |  |  |  |
| FORM                                                                                                                                                                                                                                                                                                                           |                                                | First Named Inventor                                                                                                                                                                            | <del>-</del>   | Scheidt                                                                                                                                                                                                                                              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                |                                                | Art Unit                                                                                                                                                                                        | 2131           |                                                                                                                                                                                                                                                      |  |  |  |
| (to be used the all correspondence when                                                                                                                                                                                                                                                                                        | initlat <b>e</b> rranı                         | Examiner Name                                                                                                                                                                                   | Zia, Sye       | kd                                                                                                                                                                                                                                                   |  |  |  |
| (to be used for all correspondence after initial fiting)  Total Number of Pages in This Submission 17                                                                                                                                                                                                                          |                                                | Attorney Docket Numbe                                                                                                                                                                           |                |                                                                                                                                                                                                                                                      |  |  |  |
| Total Number of Pages in This Submissi                                                                                                                                                                                                                                                                                         | <u>n   ''                                 </u> |                                                                                                                                                                                                 | SISPIS         |                                                                                                                                                                                                                                                      |  |  |  |
| ENCLOSURES (Check all that apply)                                                                                                                                                                                                                                                                                              |                                                |                                                                                                                                                                                                 |                |                                                                                                                                                                                                                                                      |  |  |  |
| Fee Transmittal Form  Fee Attached  Amandment/Reply  After Final  Affidevits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts  under 37 CFR 1.52 or 1. | P.P. Ci                                        | etition etition etition to Convert to a rovisional Application ower of Attorney, Revocat hange of Correspondence erminal Disclaimer equest for Refund D, Number of CD(s) Landscape Table on (s) | Address        | After Affowance Communication to TC  Appeal Communication to Board of Appeals and Interforences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below): |  |  |  |
|                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                                                                                                                                 | <del>-</del> - | `                                                                                                                                                                                                                                                    |  |  |  |
| SIG<br>Firm Name                                                                                                                                                                                                                                                                                                               | VATURE OF                                      | APPLICANT, ATT                                                                                                                                                                                  | DRNEY,         | OR AGENT                                                                                                                                                                                                                                             |  |  |  |
| IP Strategies                                                                                                                                                                                                                                                                                                                  |                                                |                                                                                                                                                                                                 |                | ,                                                                                                                                                                                                                                                    |  |  |  |
| Signature 76 C                                                                                                                                                                                                                                                                                                                 | ₹~                                             |                                                                                                                                                                                                 | • • •          |                                                                                                                                                                                                                                                      |  |  |  |
| Printed name Thomas Champagne .                                                                                                                                                                                                                                                                                                |                                                |                                                                                                                                                                                                 |                |                                                                                                                                                                                                                                                      |  |  |  |
| Date 01/17/2006                                                                                                                                                                                                                                                                                                                |                                                |                                                                                                                                                                                                 | Reg. No.       | g. No. 36,478                                                                                                                                                                                                                                        |  |  |  |
| CERTIFICATE OF TRANSMISSION/MAILING                                                                                                                                                                                                                                                                                            |                                                |                                                                                                                                                                                                 |                |                                                                                                                                                                                                                                                      |  |  |  |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:                  |                                                |                                                                                                                                                                                                 |                |                                                                                                                                                                                                                                                      |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                                      |                                                |                                                                                                                                                                                                 |                |                                                                                                                                                                                                                                                      |  |  |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Thomas Champagne

Typed or printed name

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Sent By: IP Strategies, P.C.;

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#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JAN 1 7 2006

| Application No.                   | Filing Date | First Named Inventor | Atty, Docket No. | Confirmation No. |  |
|-----------------------------------|-------------|----------------------|------------------|------------------|--|
| 10/035,817                        | 10/25/2001  | Edward M. Scheidt    | STSPT34          | 1778             |  |
| Invention                         |             |                      | Examiner         | Art Unit         |  |
| Electronically Signing a Document |             |                      | Zia, Syed        | 2131             |  |

### **RESPONSE**

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Examiner's Action mailed October 17, 2005, please consider the following remarks:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper. These all reflect previous amendments to the claims; the claims are not amended herein.

Remarks/Arguments begin on page 11 of this paper.